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## Unraveling the role of client-professional communication in adolescent psychosocial care

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# 1

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## General introduction





The aim of this thesis is to unravel the role of client-professional communication in psychosocial care for adolescents with emotional and behavioral problems. Although communication is considered crucial to the quality of psychosocial care,<sup>1-4</sup> empirical evidence as to its role in adolescent psychosocial care is limited. Better insight into clients' perspectives on communication, its associations with outcomes, and analysis of what actually is happening during adolescent treatment can contribute to a better understanding of its function in psychosocial care.

This general introduction will first describe the main types of psychosocial problems, including the consequences for adolescents and their families when problems remain. Second, we will describe the various settings of psychosocial care and problems that may occur when providing care. Third, we will explore client-professional communication as an important common factor in the care process. We will subsequently describe the multimethod research approach used in this study to unravel the role of client-professional communication at an aggregated and a detailed level respectively. We will then introduce the Collaborative Centre on Care for Children and Youth with behavioral and emotional problems (C4Youth), the context in which this study took place; and we will describe TAKECARE (Tracing Achievements, Key processes and Efforts in professional care for Children and Adolescents Research), the database used in this study. Finally, we will introduce the research questions and present an outline of the remainder of the thesis.

### **Psychosocial problems and their consequences**

Seven to 24% of adolescents in the general population have one or more psychosocial problems: emotional, behavioral, and/or social.<sup>5-9</sup> Emotional – internalizing – problems such as anxiety, depressive feelings, and psychosomatic complaints, are not always visible from the outside but affect the emotional status of the child. Behavioral – externalizing – problems such as aggressiveness and hyperactivity, are visible in the child's behavior. Social problems concern difficulties in initiating and maintaining relationships with others.<sup>10,11</sup>

Psychosocial problems may have a major impact on the daily life of adolescents and their families, resulting for example in delinquency, lower school performance, adverse employment outcomes, social isolation, alcohol and drug abuse, or (para-)suicidal behavior.<sup>12-21</sup> Without effective treatment these problems often remain during adult life.<sup>22-27</sup> For example, if adolescents with borderline symptoms are not adequately treated, these symptoms may develop into a borderline personality disorder (BPD). Various studies indicate that approximately 10% of patients with a BPD die prematurely due to suicide or the consequences of reckless and impulsive behavior.<sup>28,29</sup> The relatively high incidence of

psychosocial problems and their consequences on the lives of adolescents now and in the future points to a need for early and effective treatment of these problems.

### **Psychosocial care and its effectiveness**

Psychosocial care for adolescents with emotional, behavioral, and/or social problems and their families can be provided by different types of care organizations.<sup>30</sup> Three main types of care providers can be distinguished: preventive child healthcare (PCH), child and adolescent social care (CASC), and child and adolescent mental healthcare (CAMH). PCH aims to promote, protect and secure children's and adolescents' well-being; this kind of care focuses on early identification of psychosocial problems, providing support for families, and providing interventions for fairly mild problems.<sup>31</sup> CASC focuses strongly on the social and economic context of children and adolescents with emotional and behavioral problems.<sup>30,32</sup> CASC offers outpatient and home-based care and treatment programs, with out-of-home care trajectories for youngsters in family foster and residential care if needed. In this setting professionals are usually trained social workers or family workers. CAMH offers care aimed mainly at the behavior or emotion of the child or adolescent and is less social and context focused than CASC.<sup>30</sup> It includes outpatient as well as inpatient care. In this setting the professionals are usually trained psychologists, psychiatrists, or psychotherapists.

The effectiveness of psychosocial care is determined by a combination of various factors related to the client, the professional, the treatment, and the organization in which care is offered. Effectiveness studies in adolescent psychosocial care have focused mainly on the effects of treatment on outcomes of care, based on the "specific effects" approach.<sup>33</sup> In the latter approach the emphasis is on the effectiveness of specific interventions in terms of their positive outcomes as compared to care as usual. Results of these studies have led to increasing numbers of evidence-based interventions with specific target groups, goals, techniques, and activities.<sup>34-37</sup>

Few effectiveness studies have adopted a "common factors" approach, an approach that focuses on elements of treatment common to diverse therapies across multiple diagnoses that may play a powerful role in outcomes.<sup>3</sup> Professional skills and the client-professional relationship in particular are factors likely to be associated with the effectiveness of psychosocial care for children and adolescents.<sup>3,38</sup> For example, one of the main problems across psychosocial care interventions is the often suboptimal participation of clients.<sup>39,40</sup> Active participation by clients, for instance by keeping scheduled appointments, adhering to recommendations, and finishing treatment, can substantially increase the effectiveness of treatment.<sup>39</sup> A recent meta-analysis of drop-outs in child and adolescent mental health care found the *therapeutic relationship* to be a strong predictor of premature termination of treatment; the drop-out rate was lowest

with a satisfactory relationship, and vice versa.<sup>41</sup> That pinpoints a good client-professional relationship as an important predictor of successful psychosocial care.<sup>1,42</sup> Essential for such a relationship is the therapist's skill to communicate with clients.<sup>43</sup>

### **Client-professional communication in psychosocial care**

Communication between clients and professionals is at the heart of psychosocial and health care, and is considered one of the major common factors in determining effectiveness. Without good communication neither a diagnosis and treatment plan nor a relationship can be established.<sup>43</sup> Lack of quality in client-professional communication may therefore explain why treatment of psychosocial problems among adolescents is not always successful.<sup>3</sup>

The quality of client-professional communication has been discussed mainly in the context of *client-centeredness*, originally defined as the recognition of every client as a unique person.<sup>44</sup> Client-centered communication is generally considered to be the standard for high-quality care, and an effective way to involve and motivate clients. It has been associated with improvements in treatment adherence, patient satisfaction, and health outcomes in various types of health care such as general practice, oncology and diabetes care.<sup>45-50</sup> In psychosocial care for adolescents, client-centered communication has been studied most often in the context of motivational interviewing (MI), a directive person-centered approach to client-professional communication.<sup>51,52</sup> First results indicate positive effects of MI, especially in the treatment of adolescent substance use.<sup>53,54</sup> Furthermore, some studies have focused on the details of the client-professional interaction in child and adolescent psychosocial care.<sup>55-57</sup> These studies, usually assessing communication between care professionals and parents, have especially illuminated the tension of conflicting interests between clients and professionals.

To summarize, adequate client-professional communication is likely to be highly relevant in achieving successful outcomes of psychosocial care. However, the evidence-base is still underdeveloped,<sup>43</sup> especially in the field of child and adolescent psychosocial care, where communication research is still in its infancy.<sup>58</sup>

### **Studying client-professional communication from different research perspectives**

In this thesis we will adopt a multimethod research approach<sup>59</sup> to unravel the role of client-professional communication in adolescent psychosocial care. First, we will use a quantitative research method to study client-centered communication at an aggregated level in a large and diverse client group. Second, we will use a qualitative research method to study client-professional interaction at a detailed individual level in a specific psychosocial care setting.

In our first, quantitative, approach we study client-centered communication in relation to various types of care outcomes. General theories about client-professional communication in health care have described relevant communication functions, such as fostering relationships, providing information, and making decisions.<sup>43,60</sup> In psychosocial care, studies have focused mostly on the client-professional relationship and clients' participation in decision-making.<sup>1,61-63</sup> Participating in decision-making processes implies that clients must be sufficiently informed about their options for their own treatment.<sup>64-66</sup> In this approach we will take into account discrepancies between clients' individual needs and their actual experiences of communication; we will measure the client-centeredness of three important communication domains in adolescent psychosocial care: affective communication (e.g., empathy, respect), information provision, and shared decision-making. We will thus follow Stewart<sup>67</sup> who stated that truly client-centered communication means being aware of clients' needs and preferences. This allows the professional to approach the client in the desired way, to provide the desired level of information, and to involve the client in decision-making as much as he or she wishes.

In this quantitative approach we will focus on a broad group of adolescents with emotional, behavioral, and/or social problems, varying in type and severity. The care they receive differs from short-term outpatient interventions to long-term intensive inpatient treatment and everything in between. In this study we will focus on the effects of client-centered communication on care outcomes after three months, i.e. client participation and learning processes; and after one year, i.e. changes in adolescents' psychosocial problems.

In our second, qualitative, approach we study in detail what is happening during specific client-professional interactions, using the theoretical and analytical framework of conversation analysis (CA). By video recording naturally occurring encounters, conversation analysts study the dynamics of conversation using systematic analysis of subsequent utterances and non-verbal behaviors.<sup>68</sup> Although the evidence base on client-professional communication in adolescent psychosocial care is still scarce, there are many extensive handbooks describing how care professionals should talk to their clients. The CA-approach can be used to clarify, expand, or even falsify presuppositions in these practical handbooks.<sup>69</sup>

In this qualitative approach we will focus on psychotherapeutic encounters that are part of dialectical behavior therapy (DBT), an intervention aimed at adolescents with severe emotional distress. These adolescents show symptoms of borderline personality disorder (BPD) and suffer from emotional dysregulation, strong mood swings and unpredictable behavior.<sup>70,71</sup> The detailed study will focus in-depth on affective elements of interaction involving the therapist's use of compliments when evaluating reported client behavior, and on clients' presumed (non-)participation in therapy when responding to the

therapist's questions with "I don't know". Both themes are described in general terms in handbooks on DBT.<sup>72-74</sup> By studying these phenomena in detail we can provide a more detailed picture of how these practices are interactionally managed during actual client-professional encounters.

### **Context in which the study was conducted: C4Youth and TAKECARE**

The Collaborative Centre on Care for Children and Youth with behavioral and emotional problems (C4Youth) is one of several academic collaboration centers established in the northern Netherlands, and the first aimed at care for children and adolescents with emotional and behavioral problems. An academic collaboration center is a (knowledge-centered) infrastructure in which research, practice, education and policy engage in long-term collaboration to enhance the quality of care. The Netherlands Organization for Health Research and Development (ZonMw) has been financing academic collaboration centers within the field of care for youth since 2008, the first of the resulting centers being C4Youth. The first goal of C4youth is to promote the exchange of knowledge between the realms of research, practice, education and policy.<sup>75</sup> Its second goal is to gather evidence on both the functioning of the entire chain of care for children and adolescents and on long-term outcomes; this is the task of a longitudinal prospective cohort study called TAKECARE (Tracing Achievements, Key processes and Efforts in professional care for Children and Adolescents Research).<sup>76</sup> The cohort study covers the field of preventive child healthcare (PCH), child and adolescent social care (CASC) and child and adolescent mental healthcare (CAMH). The aim of this major study is to gather knowledge about the care offered to children and adolescents within various fields.

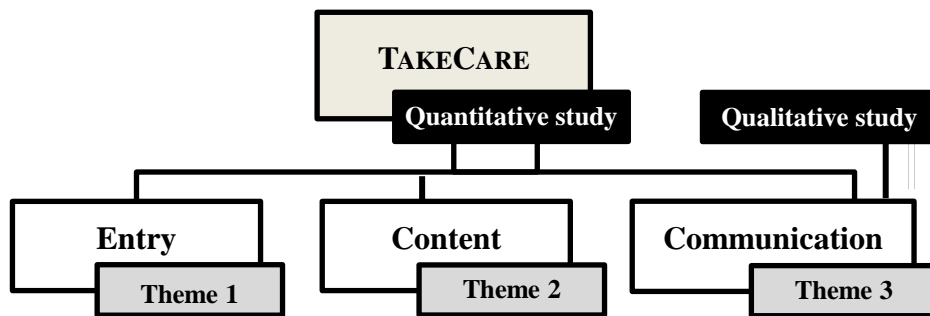
The TAKECARE study covers three research themes, each covering different aspects of the care process (Figure 1), i.e. entrance to care, contents of care, and client-professional communication. The first theme, entrance to care, aims to increase our understanding, first of the process that leads children and adolescents with emotional and behavioral problems, and their families, to *enter into care*, and then the association of this entry into care with subsequent care as provided, including mid-term and long-term care outcomes. The second theme focuses on gathering information about the *contents of care* actually provided to children and adolescents with emotional or behavioral problems, and their families. The third theme is the main subject of this study; it aims to unravel the role of *client-professional communication* by focusing on how clients perceive communication, its associations with mid-term and long-term care outcomes, and on what is actually happening during client-professional encounters.

The TAKECARE database provides information on care processes from the perspectives of adolescents, parents and psychosocial care professionals over the course



of three years. With this information we can describe associations of (perceived) client-professional communication with client characteristics, care-related characteristics, mid-term outcomes (participation, learning), and long-term outcomes (changes in psychosocial problems). This database does not, however, provide information on what actually is happening during psychosocial care encounters.

For that reason an additional data collection system was set up to describe specific aspects of client-professional interaction in more detail in a qualitative study. This yielded a database consisting of video-recordings of psychotherapeutic interaction in dialectical behavior therapy (DBT), an intervention aimed at adolescents with severe emotional distress. Using the video-recording data we can analyze aspects of the client-professional interaction in more detail.



**Figure 1.** Research themes and databases of TAKECARE

### Research questions

This thesis aims to unravel the role of client-professional communication in adolescent psychosocial care by gaining more insight into: 1) the effect of client-centered communication on outcomes of care in a broad client group, and 2) what is actually happening during specific client-professional encounters. Therefore, the following research questions will be answered:

1. What are the communication needs of adolescents and their parents before the start of psychosocial care, and are these related to socio-demographic, health-, and care-related characteristics?
2. Are there discrepancies between adolescents' needs for and experiences of communication across three domains (affective communication, information provision, shared decision-making), and if so: are these discrepancies associated with clients' participation and learning processes after three months?
3. Are discrepancies between adolescents' communication needs and experiences associated with changes in psychosocial problems after one year, and are these

associations mediated by clients' treatment adherence, improvement of understanding, and improvement in self-confidence?

4. How does a therapist use *compliments* to evaluate reported positive behavior of an adolescent in psychotherapy for severe emotional distress?
5. How do therapists deal with '*I don't know*' – responses to their questions by adolescents in psychotherapy for severe emotional distress?

### **Outline of the study**

*Chapter 2* describes a study of the communication needs of adolescents and their parents, and the socio-demographic, health, and care-related characteristics that determine these needs. Here we will discuss differences between the needs of adolescents and their parents. In *Chapter 3* we describe discrepancies between adolescents' needs and experiences regarding three communication aspects: affective communication, information provision, and shared decision-making. We also analyze associations between discrepancies and four mid-term care outcomes: client's treatment attendance, treatment adherence, improvement of understanding, and improvement in self-confidence. In *Chapter 4* we further describe the pathways through which communication is related to outcomes. We will assess the impact of communication discrepancies on changes in adolescents' psychosocial problems after one year and conduct mediation analyses to examine the routes mediating this impact. In *Chapter 5* we present a conversation analysis of an affective element of interaction: the positive evaluation of client-reported behavior in psychotherapy. In *Chapter 6* we will analyze in-depth an aspect of clients' interactional participation, focusing on therapists' strategies to handle clients' *I don't know*-responses to their questions; here we will also use conversation analysis as a method. Figure 2 provides an overview of the studies presented in this thesis. Finally, in *Chapter 7* we will draw conclusions concerning the main findings and discuss these findings in a broader context. We will give attention to methodological considerations, and suggest implications for practice, education, policy, and further research.

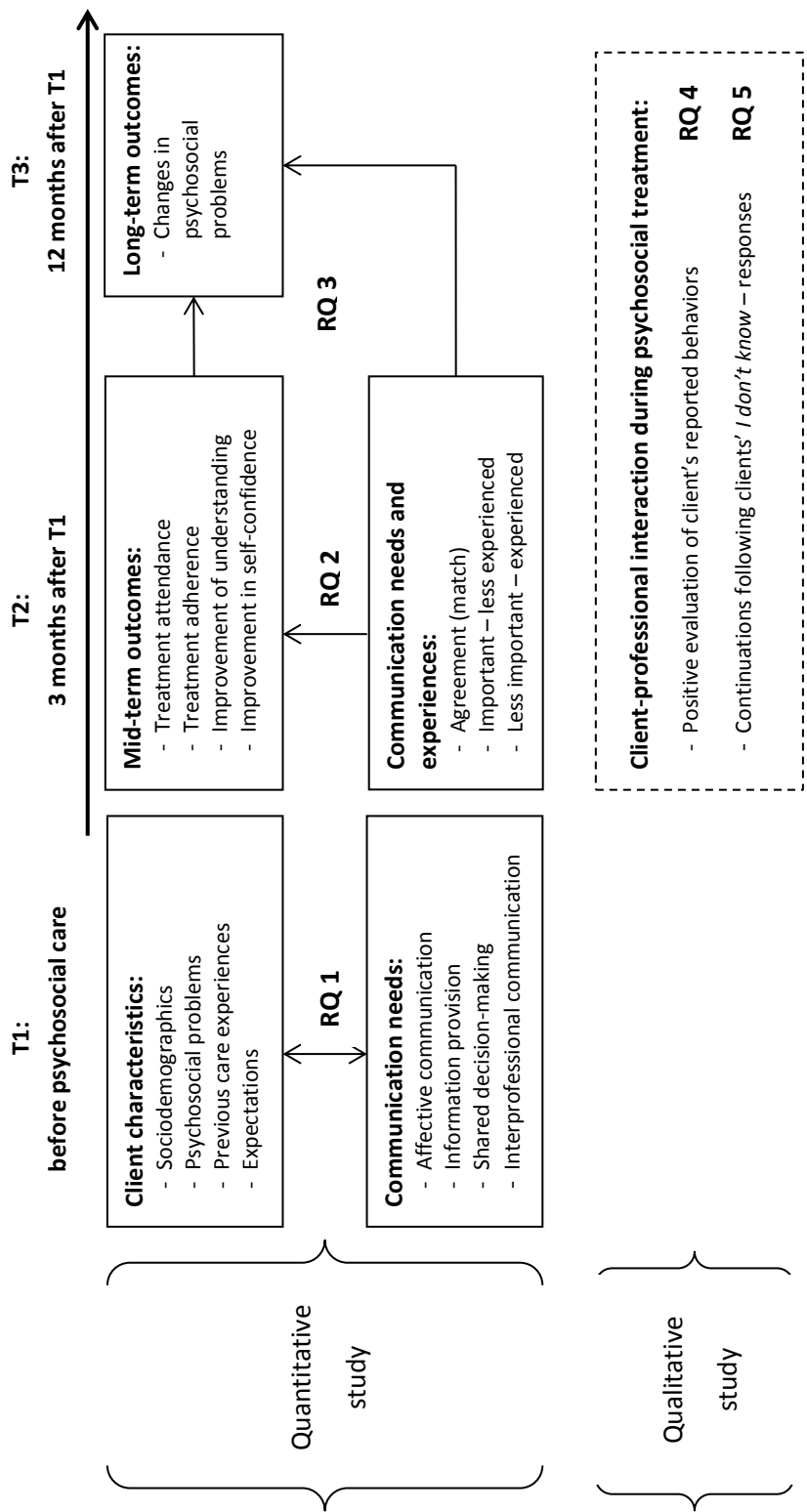


Figure 2. Research model

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